

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213540312			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: The NRA Foundation, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street</p> <p>RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DC</p> </div> <div style="width: 35%;"> <p>DUE DATE: 8/31/2013</p> <p>SCC ID NO: F1150830</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: THE NRA FOUNDATION, INC. C/O OGC, 11250 WAPLES MILL ROAD</p> <p style="text-align: center;">CITY/ST/ZIP: FAIRFAX, VA 22030</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: FRANK R BROWNELL, III TITLE: PRESIDENT ADDRESS: C/O OFFICE OF GENERAL COUNSEL CITY/ST/ZIP/CO: 11250 WAPLES MILL RD FAIRFAX, VA 22030 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: FRANK R BROWNELL, III TITLE: PRESIDENT ADDRESS: C/O OFFICE OF GENERAL COUNSEL CITY/ST/ZIP/CO: 11250 WAPLES MILL RD FAIRFAX, VA 22030	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: SKIPP GALYTHLY TITLE: SECRETARY ADDRESS: C/O OFFICE OF THE GENERAL COUNSEL CITY/ST/ZIP/CO: 11250 WAPLES MILL RD FAIRFAX, VA 22030-9400 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: SKIPP GALYTHLY TITLE: SECRETARY ADDRESS: C/O OFFICE OF THE GENERAL COUNSEL CITY/ST/ZIP/CO: 11250 WAPLES MILL RD FAIRFAX, VA 22030-9400	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME:	JOE M. ALLBAUGH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	ANNE LEE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	STEVE HORNADY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	ERIC JOHANSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	WILLIAM A. BACHENBERG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	GEORGE K. KOLLITIDES, II	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	CAROLYN D. MEADOWS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	OWEN P. MILLS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	JAMES PORTER, II	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	DENNIS J. REESE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
NAME:	JOHN C SIGLER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11250 WAPLES MILL ROAD		
CITY/ST/ZIP/CO:	FAIRFAX, VA 22030		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			

/s/ WILSON H. PHILLIPS, JR. SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	WILSON H. PHILLIPS, JR., TREASURER PRINTED NAME AND CORPORATE TITLE	8/28/2013 DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		